

UNIVERSITY OF MINNESOTA

REQUEST FOR INTERRUPTION OF BUILDING UTILITY SERVICE

TO: FACILITIES MANAGEMENT UNIVERSITY OF MINNESOTA, DULUTH
1049 UNIVERSITY DRIVE
241 DARLAND ADMINISTRATION BUILDING DULUTH, MN 55812
DATE:
FROM:
ORGANIZATION:

ATTN: (Applicant's Signature)

SEND AN ADDITIONAL COPY TO ARCHITECT'S ATTENTION:

- Water Gas Electric Primary Elevator Sewer Steam
Electric Secondary Condensate Heating Systems Data/Telcon Other

We discussed the desired times, dates and areas affected for the above interruption with the university's designated representative:

(Name) (Date) (Phone) (Title)

This request application is being submitted in duplicate to the designated representative 14 calendar days in advance of the requested interruption as per University of Minnesota requirements. The interruption is requested for work on:

- OUMD Main Campus OUMD (Lower Campus) OUMD NRRI O Other

A brief description of the request is as follows:

The area/building(s) affected by this request are as follows:

We estimate the length of interruption to be (calendar hours). We desire to start work at (time of day), on (day of week), (Month and day), (yr.) and be completed by (time of day) on (day of week), (Month and day), (yr.) for system(s) re-start.

Shut-down and re-start of system(s) to be performed by of

Our representative is: (Name) (Phone) (Title)

We certify that all materials, tools, and equipment will be at the job site and that all work associated with the request that can be done in advance of the interruption is complete, tested and available for inspection and ready for service. We understand that the interruption is to be scheduled at the convenience of the university and that the university reserves the right to cancel or change the schedule up to 24 hours before the approved starting time for the interruption.

FOR THE UNIVERSITY OF MINNESOTA DESIGNATED REPRESENTATIVE OR DESIGNEE

I have reviewed the proposed building interruption with of . I have investigated the proposed interruption from a design, coordination and installation perspective with the applicant. I have no objections to the applicant's request as indicated above. Special needs or comments:

(Project Number) (SPOC W.O.) (Project Manager Signature)